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CONFIRMATION NO. 8686

<b>SERIAL NUMBER</b> 10/825,382	<b>FILING OR 371(c) DATE</b> 04/14/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 55600-8014.US01	
<b>APPLICANTS</b> Chih-Ping Liu, San Francisco, CA; Lorelie H. Villarete, Alameda, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/552,279 03/10/2004 and is a CIP of 09/910,406 07/19/2001 which claims benefit of 60/219,128 07/19/2000					
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 317160 10/17/2000					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 05/28/2004</b> <b>** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 22918					
<b>TITLE</b> Method of treatment using interferon-tau					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		